

CIVILIAN EMPLOYEE REQUEST FOR ADVANCED LEAVE OR LEAVE WITHOUT PAY

1. It is essential that this form be fully completed. Forward original to Payroll Office, Halligan Hall, Stop 20f.
2. USNAINST 12360.1J contains the policies and procedures with respect to absence and leave of civilian employees. It should be reviewed prior to requesting or recommending approval or disapproval of leave requests for which this form is applicable. Points to be considered are:

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|----------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1) Effect of employee's absence on workload. | 3) Seriousness of illness (in case of advanced sick leave)**Must be supported by a medical certificate. |
| 2) Employee's leave record | 4) Probability of return to duty |

PART I TO BE COMPLETED BY REQUESTING EMPLOYEE			
Employee's Name (last, first, middle initial)		Office/Shop	Office Extension
Employee's Title and Grade	Last 6 digits of employee number	Control Number	Distribution Number
Type of Leave Requested	No. of Hours	Period Covered by Leave Requested	
<input type="checkbox"/> Advanced Annual	_____	From: _____ To: _____	
<input type="checkbox"/> Leave Without Pay in Excess of 10 Days	_____	Reason For Requesting Leave	
<input type="checkbox"/> Advanced Sick Leave	_____		
Employee's Signature		Date of Request	
PART II SUPERVISORY RECOMMENDATION ON REQUESTED LEAVE			
Sick Leave Balance	Annual Leave Balance	Leave Without Pay This Leave Year	
Hours	Hours	Hours	
Supervisors Indicate Your Recommendation By Checking Appropriate Block		Approved	Disapproved
Signature of First Level (Immediate) Supervisor			
Signature of Intermediate Supervisor			
PART III DEPARTMENT HEAD DECISION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Comments	
Signature of Department Head or Equivalent			Date